

**PMH36
ECONOMIC EVALUATION OF AGOMELATINE FOR MAJOR DEPRESSIVE DISORDERS RELATIVE TO OTHER ANTIDEPRESSANTS IN THE ITALIAN SETTING**Lanati EP, Lidonnici D
MA Provider, Milano, Italy

OBJECTIVES: The purpose of the present study is to conduct an economic evaluation of Agomelatine vs the current alternatives in daily clinical practice for treating patients with major depression disorders (MDD) in Italy (Venlafaxine, Fluoxetine, Sertraline, Escitalopram and Duloxetine). **METHODS:** Using a Markov model-based cost-effectiveness analysis, Agomelatine was compared with other therapies used for the treatment of MDD commonly prescribed (Venlafaxine, Fluoxetine, Sertraline, Escitalopram and Duloxetine), chosen on the basis of market shares, and compared with placebo. The population considered in the model consists of patients suffering from MDD and with an average age of 45 years. The perspective of the third party payer (Italian National Healthcare Service) and the societal perspective were considered. **RESULTS:** The study shows that Agomelatine administration is linked with higher direct and indirect costs only when compared with Duloxetine (respectively €4,365 vs. €4,253 and €5,553 vs. €5,484). Nevertheless, Agomelatine has the higher efficacy in terms of QALY gained (1.477) in comparison to all comparators considered in the analysis. According to the societal perspective, Agomelatine is dominant against Venlafaxine, Escitalopram, Fluoxetine and Sertraline, since it is less expensive and more effective and cost-effective compared to Duloxetine since the incremental cost per QALY gained is €12,461. According to the perspective of the Italian NHS, Agomelatine is dominant versus Venlafaxine, Fluoxetine and Sertraline and is cost-effective in comparison to Duloxetine (ICER 6,101 €/QALY) and Escitalopram (3,336 €/QALY). **CONCLUSIONS:** The present economic evaluation indicates that Agomelatine provides greater benefit and is less costly compared to generic Venlafaxine, generic Escitalopram, generic Fluoxetine and generic Sertraline and that Agomelatine is cost-effective compared to Duloxetine. In conclusion, according to its favorable tolerability profile and its proven efficacy, Agomelatine represents a powerful tool for many patients suffering from MDD, which may lead to both clinical and economic advantages.

**PMH37
RETROSPECTIVE DATABASE STUDY ON HEALTH CARE RESOURCE UTILIZATION OF PATIENTS INITIATING LONG-ACTING OLANZAPINE IN SWEDEN**Tockhorn A¹, Johansson S², Borgeke H³¹Eli Lilly UK, Windlesham, Surrey, UK, ²IMS Health Sweden, 113 46 Stockholm, Sweden, ³Eli Lilly and Company, Stockholm, Sweden

OBJECTIVES: The Swedish national payer, TLV, was interested in understanding how OLAN is used in routine clinical practice regarding dosing and its impact on psychiatric-related hospitalization. **METHODS:** Three Swedish nationwide health registers: the patient register, the drug register and the mortality register were linked. Patients with ≥1 prescription of OLAN and one diagnosis of schizophrenia or schizoaffective disorder prior to initiation of OLAN were included in this retrospective patient mirror-image study. The minimum follow-up was six months. The study period was from 03/2010 until 12/2011. The average number and duration of hospitalizations were compared before and after initiation with OLAN using a Student's t-test. **RESULTS:** 70 patients met the inclusion criteria. The proportion of patients being hospitalized ≥1 was 77% in the pre-index period and 67% in the post-index period. The number of outpatient visits increased from 45% prior to OLAN to 77% post initiation. The results showed a significant reduction in the mean length of stay per hospitalization (19.6 days vs 3.9 days [p<0.001]), and in the mean total number of days spent in hospital per patient (52.3 days vs. 16.2 days [p<0.001]). No significant difference was seen in the number of hospital visits between the pre- and post-initiation periods, although there was a numerical decrease observed within the post-index period. The average dose of OLAN was 18.1 mg per day (95% CI: 16.6 mg; 19.7 mg) and the prescription refill period was 19.6 days (95% CI: 17.7 days; 21.5 days). **CONCLUSIONS:** This study provides evidence that initiation with OLAN significantly reduces the length of stay per hospitalization and the total days spent in hospital.

**PMH38
USE OF SERVICES AND COST OF AGITATION AND CONTAINMENT IN PSYCHIATRIC HOSPITALS: A SYSTEMATIC REVIEW**Rubio-Valera M¹, Luciano-Devis JV¹, Ortiz JM¹, Salvador-Carulla L², Haro JM¹, Gracia A³, Serrano-Blanco A¹¹Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat, Spain, ²Centre for Disability Research and Policy, Lidcombe, Australia, ³Ferrer Internacional, Barcelona, Spain

OBJECTIVES: The aim of this study was to evaluate the use of services and costs related to agitation and containment of adult patients admitted to a psychiatric hospital. **METHODS:** Systematic review through searches of Pubmed, CINHAL and Web of Knowledge (using a wide variety of terms related to agitation; inpatient care and use of services/costs); bibliographic references in retrieved studies and expert consultation. Studies published since 1998 were selected in duplicate by reviewing abstracts and full-text papers. **RESULTS:** After removing duplicates, 372 papers were reviewed and 11 included in the review. Four studies were of high quality, 4 of moderate-high to moderate-low quality and three of low quality. Eight of the studies evaluated the impact of agitation on the length of stay and 6 showed that it was associated with longer stays. Four studies evaluated the impact of agitation on readmission and showed a statistically significant increase in the probability of readmission of agitated patients in comparison with non-agitated patients. Two studies evaluated medication, one showed that the mean medication dose was higher in agitated patients and the other found higher costs of treatment compared with non-agitated patients in the unadjusted analysis. Another estimated the costs of conflict and containment related to acute inpatient psychiatric care in UK. The total annual cost in England for all conflict was £72.55 million (£145,177 annual conflict cost per ward) and £106 million for containment (£212,316 annual containment cost per ward). **CONCLUSIONS:** Studies on use of services and costs of agitation are scarce. Overall, agitation has an effect on health care use and costs

in terms of longer length of stay, more readmissions and higher consumption of drugs. The average quality of the studies was moderate. Further research is needed to establish the degree of burden of agitation and containment borne by hospitals and the health care system.

MENTAL HEALTH – Patient-Reported Outcomes & Patient Preference Studies**PMH39
WHICH ADVERSE EFFECTS INFLUENCE THE DROPOUT RATE IN SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI) TREATMENT?**Kostev K¹, Ehlen B², Rex J¹, Engelhard J¹, Altmann V¹, Heilmaier C³¹IMS Health, Frankfurt am Main, Germany, ²IMS Health Germany, Munich, Germany, ³FOM University of Applied Sciences, Essen, Germany

OBJECTIVES: Nowadays selective serotonin reuptake inhibitors (SSRIs) are the most frequently prescribed antidepressants due to their better clinical efficacy, effectiveness, tolerability, and safety, when compared to tricyclic antidepressants or monoamine oxidase inhibitors. However, despite this, especially at the beginning of treatment SSRIs are associated with side effects, which may lead to premature discontinuation of therapy in some cases. Assessment of these factors was the aim of the present study. **METHODS:** This retrospective database analysis used data from 50,824 patients first time treated with SSRIs for major depressive disorder selected from a Electronic Medical Records (EMR) database (IMS Disease Analyzer) in Germany, providing information on SSRI side effects and their influence on premature treatment discontinuation calculated by regression analysis. In addition to that, presence of certain co-morbidities was registered. **RESULTS:** Mean age was 54.5 ± 19 years with two-thirds of study population being female. Most frequently mentioned adverse effects were “discomfort” of the digestive system (10%), sleep disorders (8.6%), and heart rhythm disorders (4%); however, these were of tolerable severity as they did not significantly influence dropout rate. Contrary to that, especially somnolence and younger age (≤ 50 years) increased the chance of premature treatment discontinuation, while patients suffering from cardiovascular risk factors or osteoporosis tended to adhere to therapy. **CONCLUSIONS:** Overall, the findings indicate a good tolerability of SSRIs at the beginning of treatment, whereas occurrence of somnolence leads to incompletion.

**PMH40
GENERAL BELIEFS ABOUT MEDICINES AMONG DEPRESSED PATIENTS IN SAUDI ARABIA**Aljumah K¹, Hassali AA², Al Mutari A¹, Al Zaide N¹¹MOH, Riyadh, Saudi Arabia, ²Universiti Sains Malaysia, Penang, Malaysia

OBJECTIVES: The aim of this study to explore patients' general and specific beliefs about medicines among depressed patients and effect on adherence. **METHODS:** A cross-sectional design used to measure patients' general and specific beliefs among depressed patients, using BMQ general and specific scale. Patients were recruited from outpatient clinic at AL-Amal hospital in Riyadh (psychiatric hospital) between 2013 and January 2014. **RESULTS:** A total of 403 patients meet the inclusion criteria and were participated in this study. Two hundred three representing 50.37 % of the total study sample, were female, while the remaining 200 (49.6 %) were male, with average 39 years. Half of the patients (52.9%) report low adherence to antidepressant medication. Both low and high adherence group scored high in the necessity beliefs (18.02 (SD 3.91) -18.32 (SD 3.9) respectively with no statistically different. contrariwise patients with high adherence had significantly lower level of concerns belief about antidepressants medication and less harmful belief also the same finding with general overuse belief. **CONCLUSIONS:** General patients beliefs either general overuse or general harm about medication influence patients taking medication behavior and have negative correlation with adherence to medication on another hand only specific concerns belief to antidepressant have a positive correlation with adherence to antidepressant this finding will help psychiatric to improve adherence and clinical outcome by addressing medications taking behavior using a systematic approach based in this finding.

**PMH41
ADHERENCE TO PSYCHOTROPIC MEDICATIONS BY OUTPATIENTS IN PSYCHIATRIC HOSPITAL, USULU BENIN CITY, NIGERIA**Arute JE¹, Eniojukan JE², Eboigbe NP³¹Delta State University, Abraka, Nigeria, ²Niger Delta University, Wilberforce Island, Nigeria,³Delta State University, Abraka, Nigeria, Abraka, Nigeria

OBJECTIVES: Patients adherence studies are essential for evaluating the quality of care delivery of a health facility and patients' role in improving their conditions. The objective of this study is to determine the level of adherence of outpatients to psychotropic drugs and evaluate the impacting factors. **METHODS:** The study was a cross-sectional study done at the psychiatric hospital, Usulu, Benin City, Nigeria from April to September, 2013. Convenient sampling method was used in population size determination for data collection. The participants were adult patients (18 years and above) attending the outpatients psychiatric clinic of the hospital with diagnosis of various psychiatric illnesses. A total of 250 patients participated in the study and a well-structured self-report 10-item questionnaire using the medication adherence rating scale (MARS) was used. Additional information was patients' socio-demographic profile and clinical variables that affect patients' adherence to medications. Adherence to medication data were analyzed with respect to gender and level of adherence and factors that impact patients' adherence. **RESULTS:** The level of patients' adherence to psychotropic was 63.6% and factors found to significantly affect adherence include amount spent per clinic visit, perception of social support, intake of alcohol, medication side effects, and existing denial of illness and use of traditional medicine. **CONCLUSIONS:** The level of adherence to psychotropic medications was fairly high and factors that were significantly related to adherent status were amount spent per clinic visit, perception of social support, intake of alcohol, medication side effects, existing denial of illness and use of traditional